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Medical-Moral Opinions: Vasectomy and Sterilization

Catholic Physicians' Guild

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Vasectomy and Sterilization

To The Editor:

I wonder if you could provide an answer to the following question, with the aid of any consultants you might wish to use:

"It is now accepted that surgical sterilization, i.e. ligation of the fallopian tubes in the female, or of the vas deferens in the male, can be reversed restoring fertility to the patients in a varying percentage of cases (10-50%). One can then look upon these operations as temporary surgical sterilization, as compared to temporary chemical sterilization, with the use of contraceptive pills. The Catholic Church, as I understand it, still categorically would oppose surgical sterilization. Chemical sterilization, however, is obviously debatable, and in fact appears to be acceptable to the majority of the Church, according to conscience, although, of course, not officially sanctioned.

The question is what the moral and theological objections are to surgical sterilization, and whether they are valid today in the face of increasing concern about population. This has been further aggravated by public concern about the use of the contraceptive pills, which has increased the demand for sterilization considerably. Personally, as one who has spent considerable time and effort defending the Church's position against abortion, on biological and scientific grounds, I find it difficult to defend the Church's position on sterilization, particularly when there is such a large segment of the theologians, hierarchy and laypeople in the Church who accept chemical sterilization."

Yours sincerely,

L. L. de Veber, M.D., F.R.C.P. (C).
Associate Professor, The Departments of
Paediatrics, and Pathological Chemistry,
The University of Western Ontario.

This letter was submitted to our panel of medico-moral consultants. Their replies to the questions raised by Dr. L. L. de Veber are as follows:

To The Editor:

Dr. de Veber's question is a mosaic of subtle errors:

1. Accepting his statistic that anastomosis after surgical sterilization is functionally successful in from 10 to 50 percent of cases, one could only compare these procedures to pharmacological sterilization if the latter resulted in permanent sterilization in over 50 percent of the cases in which it is used. It does not.

2. Whatever the rate of moral lapse and disobedience may or may not be in the Church at this time, one cannot say that "chemical sterilization is obviously debatable" when it has been implicitly condemned by the Second Vatican Council (in their directive to follow the Roman Pontiff in this regard) and explicitly condemned in a current Encyclical.

3. To say that "there is such a large segment of the theologians, hierarchy and laypeople in the Church who

accept chemical sterilization" is a gratuitous assertion at best. That such an assertion is totally erroneous as regards the hierarchy can be readily documented. With regard to "the theologians", I fail to find evidence that it is true with regard to the recognized professional moral theologians in their writings since the publication of the Encyclical on this subject. With regard to the laity, the remark is simply gratuitous.

Thus I believe that the writer's attempted defense of the moral acceptability of surgical sterilization for contraceptive purposes is founded on a false premise.

Very sincerely yours,

Thomas J. O'Donnell, S. J.
St. Ann's Church
113 North 7th Street
Smithfield, North Carolina, 27577

TO THE EDITOR:

Dr. de Verber's proposal contains an elementary misconception of Catholicism and of what it means to be a Catholic in fact as well as in name. The kernel of that misconception is to be found in the concluding two sentences of the first paragraph of his proposition: "The Catholic Church, as I understand it, still categorically would oppose surgical sterilization. Chemical sterilization, however, is obviously debatable, and in fact appears to be acceptable to the majority of the Church, according to conscience, although, of course, not officially sanctioned."

To say that chemical sterilization is "obviously debatable" and in the same breath to concede that it is "not officially sanctioned" (i.e., remains condemned by the magisterium) is to contradict oneself theologically. If and when we have the clean and authentic

teaching of the supreme magisterium with respect to a matter of faith or morals — even when presented in noninfallible form — that matter is no longer debatable in any practical sense of providing us with an optional choice of behavior. In other words, in a situation of this kind objective justification cannot be found for human conduct that would contravene official teaching of the Church in condemnation of that conduct.

Beyond any legitimate question, the teaching Church, from the time she first felt constrained to speak on the matter, has consistently condemned any and all forms of direct contraceptive sterilization, whether permanent or temporary. This condemnation most certainly includes chemical sterilization. It is likewise beyond all reasonable doubt that double vasectomy or bilateral fallectomy for the direct purpose of avoiding conception is also a form of direct contraceptive sterilization, either temporary or permanent. Finally, it necessarily follows that the surgical procedures just mentioned are also included in the magisterium's rejection of both temporary and permanent direct sterilization.

Catholic theologians who would question or even deny the absoluteness of the doctrine reviewed in the previous paragraph must in honesty admit — as most of them do — that their teaching represents a departure from and a rejection of the authentic teaching of the supreme magisterium. The same must likewise be said of any prelate — of whatever ecclesiastical rank inferior to that of the supreme pontiff himself — whose theological opinion on this matter differs in substance from papal teaching. It was as recently as 1964 (*Lumen gentium*, #25) that the bishops of the world convened at Vatican Council II reaffirmed traditional doctrine which in

substance maintains that "Bishops, teaching in communion with the Roman Pontiff, are to be respected by all as witnesses to divine and Catholic truth" [emphasis added]. Readers of LQ are invited to supply the obvious antithesis of this pronouncement.

The reason underlying the absoluteness of the natural-law prohibition against direct contraceptive sterilization is the undeniable fact that one of the essential purposes of the human sexual faculty is the procreation of children. Directly to deprive oneself, even temporarily, of this potential is to exceed one's right of dominion over his own physical person. Thus does the supreme magisterium teach most clearly and authentically. Any difficulty on the part of a Catholic in accepting and complying with such teaching is one of the difficulties inherent in being a practicing Catholic.

John J. Lynch, S. J.
Jamaica, W.I.
Assistant Chancellor, diocese of Montego Bay; Professor of Moral Theology, St. Michael's Seminary, Kingston.

To the editor:

I should like to address a few brief remarks to the question of Dr. L.L. de Verber.

By way of introduction, a few clarifications are in place. First of all, Dr. de Verber states that "surgical sterilization . . . can be reversed restoring fertility to the patients in a varying percentage of cases (10-50%)." He then proceeds to conclude that "one can look upon these operations as temporary surgical sterilization . . ." Is there not a rather big jump here from 10-50% to "these operations"? One should, I would think, conclude that some of these operations, or *this or*

that operation can be viewed as surgical sterilization of a temporary type. But not simply and without qualification "these operations." Medical men have always insisted on individualizing their diagnoses. The same should be true of their definitions, at least in instances like this.

Secondly, Dr. de Veber sees, if I read him correctly, a marked difference in the attitude of the "Catholic Church" toward surgical sterilization and chemical sterilization. Actually, at the so-called official level, it must be said that there is no difference in attitude. If, however, the "Catholic Church" is taken to refer to the people in the Church, I wonder whether such a marked difference actually exists. Concretely, those who approve of chemical sterilization would, at least in many instances, approve also of surgical sterilization *if this proved necessary in the circumstances*.

But now to the question: "what (are) the moral and theological objections to surgical sterilization, and whether they are valid today in the face of increasing concern about population?" The answer to this question involves one immediately in the controversy on contraception. I mean that ultimately and in last analysis sterilization will be judged morally evil (or not) precisely as *contraceptive* sterilization. It is the contraceptive quality which is the deepest root of its moral quality. Therefore, those who find themselves in *total* agreement with the condemnation of contraception as found in *Humanae vitae* would simply point out that surgical sterilization is but another and more radical form of contraception. Indeed, that is the reason why the encyclical, to be consistent, had to condemn also sterilization, whether chemical or surgical.

Those, however, who find it difficult to agree with the absolute exclusion of contraceptive practices as intrinsically evil, will also find it diffi-

icult to accept the absolute exclusion of sterilization, whether chemical or surgical. The reason again: the root malice attributed to all of these things is their contraceptive quality. That is why, for example, the so called Majority Report of the Papal Birth Control Commission stated that sterilization is *generally* wrong. Not being able to condemn contraception in all instances, the majority of theologians found that they could only disapprove of sterilization *generally* (sc., not in all instances).

Therefore, to give an answer to the question raised by Dr. de Veber, one must immediately take a position on the issue of contraception. Dr. de Veber knows that there is deep division in the Church on this subject. He also knows that all forms of contraception (and therefore contraceptive sterilization) have been condemned by the magisterium. That is where we are now: condemnation by the Church (officially), widespread disagreement with this. Because I have found myself in a position of modified dissent against traditional teaching as repeated in *Humanae vitae*, I have also found it difficult, even impossible to produce persuasive reasons ("moral and theological objections" to use Dr. de

Veber's language) which would exclude surgical sterilization *in all cases and absolutely*. Of course, any knowledgeable person can think of reasons which would generally dissuade from surgical sterilization. For example, these surgical procedures are not reversible in all cases, perhaps not even in a majority. This means the couple, without the ability to forestall their future circumstances and the future of their children, are at least running the serious risk of terminating their procreative life. And so on.

But these reasons do not lead to an absolute exclusion of surgical sterilization. They constitute a profound human caution. To discover the basis for an absolute exclusion one would have to turn to those theologians who feel comfortable with the analysis found in *Humanae vitae*. I do not, and therefore I can only say that I agree with Dr. de Veber when he says that he finds it difficult "to defend the Church's position on sterilization."

Richard A McCormick, S.J.
Bellarmine School of Theology
Chicago, Illinois 60615